STATE OF IOWA
IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

PHIL MCCOLLUM
INTERIM DIRECTOR

Iowa Dental Hygiene License Application

Application Form and Fee

Please find enclosed the application for Iowa dental hygiene license. When completing this application, please be advised of the following:

- The application fee is non-refundable. Do not submit payment in cash.
- For specific license requirements, please refer to the Board's rules at Iowa Administrative Code 650—Chapter 11.
- Type or legibly print all information requested in the application. Complete all questions. If not applicable, please mark sections 'N/A'.
- Licenses are issued administratively following review of a completed application and all required documentation, unless the application warrants referral to the the Dental Hygiene Committee, the full Board or unless a personal appearance is required.
- Applications are valid for only 180 days from the date of receipt. If the application has not been completed within 180 days, a new application and fee will have to be submitted if you wish to obtain a dental hygiene license in Iowa.
- **Failure to answer all questions completely or accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.**
- Dental hygienists may administer local anesthesia in Iowa only if the hygienist has applied for and received a separate permit from the Iowa Dental Board. Applications for the local anesthesia permit are available on the Board website at http://www.dentalboard.iowa.gov/forms.html.

Basis of Application

Licensure by Examination: If you completed the Central Regional Dental Testing Service, Inc. (CRDTS) examination within five years of the date of application, or if you successfully completed the Western Regional Examination Board, Inc. (WREB) examination prior to September 1, 2011, you are eligible to apply for a dental hygiene license on the basis of examination.

The fees due for application on the basis of examination, including the background check fee, are $146. *If you are also applying for a local anesthesia permit at this time, the total due is $216.*

Licensure by Credentials: If you have obtained a dental license in another state, district or territory of the United States on the basis of examination (e.g. CRDTS, WREB, SRTA, NERB, CITA), or if you have been licensed and practicing in another state for a minimum of three consecutive years immediately prior to the date of application, you are eligible to apply for a dental hygiene license on the basis of credentials.

The fees due for application on the basis of credentials, including the background check fee, are $246. *If you are also applying for a local anesthesia permit at this time, the total due is $316.*

Public Information
All or part of the information provided on the application form may be considered a public record under Iowa Code Chapter 22 and Iowa Administrative Code 650—Chapter 6. Information about misconduct and examination results may not be subject to disclosure.

Disclosure of Medical Conditions, Criminal History, Disciplinary Actions and Malpractice Claims
Be advised that the application for dental hygiene license asks about any medical conditions you have that might impair your ability to practice the profession. The Board also considers any prior criminal history, disciplinary actions and malpractice claims when issuing dental hygiene licenses. As part of the application process you will also be asked questions about criminal history, prior disciplinary action, and malpractice claims.

If you have any questions concerning these requirements, please notify the Board office. If any of these situations pertain to you, there may be delays at the time of licensure. We suggest you contact the Board office for information as to what documentation may be necessary for licensure. Contacting the Board office about any of these situations may avoid unnecessary delays at the time of licensure.

The Iowa Dental Board will provide you with a packet of information necessary to perform a criminal history background check as required by Iowa Administrative Code 650—Chapter 11. The Board will not issue a license until you have returned the completed packet and fee for the criminal history background check to the Board office. Please make sure that the information and the fingerprints you provide in the criminal history background check packet are legible. In the event the fingerprints are rejected by the DCI or FBI, you will be required to submit a new fingerprint packet and fee.

You will need to submit a copy of the results of the self-query of the National Practitioner Data Base (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). You may request the self-query at
http://www.npdb-hipdb.hrsa.gov/pract/hasAReportBeenFiledOnYou.jsp.

Jurisprudence Examination
After you have submitted your application to the Board office, the Board will provide you authorization to sit for the jurisprudence examination. Successfully complete the Iowa jurisprudence examination, which is based on information contained in Iowa Code chapters 147, 153, 272C, and 650 Iowa Administrative Code. Study materials are located at www.dentalboard.iowa.gov/iacbychapter.html. Review Iowa Administrative Code 650 and the Code of Iowa chapters. To take the examination, make arrangements directly with one of the Iowa community college testing sites. A proctor fee will be paid directly to the community college testing site.

Application Checklist

☐	Application completely filled out; all questions answered.
☐	Application & background check fees paid. ($146 by examination; $246 by credentials) (Fees listed here do not include local anesthesia application fee.)
☐	Notarized copy of marriage certificate or divorce decree (if applicant's name is different on diploma/documents)
☐	Affidavit of Applicant
☐	Photo of applicant
☐	For each "Yes" answer to questions 1 through 18, you must provide a separate, signed statement giving full details, including date(s), location(s), action(s), organization(s) or parties involved, and specific reason(s).
☐	Authorization to Release Information (signed and dated)
☐	Applicant's Letter to Iowa Dental Board including the following: ▪ Reason(s) why you wish to be licensed in Iowa; ▪ Potential practice plans.
☐	Certification of Education (from accredited school, signed & dated, w/school seal)
☐	Copy of diploma from dental hygiene school (certified as true copy & notarized)
☐	Copy of current CPR card (online certification is not accepted.)
☐	Copy of clinical examination scores or statement of national, regional or state examinations completed, with resulting scores – for all examinations completed.
☐	Copy of documentation verifying prior-approved remedial education (if more than 2 exam failures)
☐	National Board card w/ scores. Original or copy (certified as true copy & notarized)
☐	License certification from each state where applicant has been licensed (N/A to new graduates)
☐	Attach a practice reference for each practice location in last 3 years (N/A to new graduates)
☐	Copy of results of NPDB/HIPDB self-query (N/A to new graduates)

Testing Sites
A list of testing sites is available at http://www.dentalboard.iowa.gov/Forms/TestingSites.pdf.

National Practitioner Data Banks (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB)
To perform a self-query: http://www.npdb-hipdb.hrsa.gov/pract/hasAReportBeenFiledOnYou.jsp

Contact Us
If you have any questions, or need further assistance, please feel free to contact the Iowa Dental Board at (515) 281-5157 or IDB@iowa.gov.

Board website: www.dentalboard.iowa.gov.
Board rules and Iowa Code chapters: http://www.dentalboard.iowa.gov/iacbychapter.html.

APPLICATION FOR IOWA DENTAL HYGIENE LICENSE

IOWA DENTAL BOARD
400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
Ph. (515) 281-5157 http://www.dentalboard.iowa.gov

☐ **Application by Examination** ☐ **Application by Credentials**

This form must be completed and returned to the Iowa Dental Board. Include the ***non-refundable*** application fee. Do not submit payment in cash. Complete each question on the application. If not applicable, mark "N/A."

IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle)			
Other Names Used: (e.g. Maiden Name)			
Home Address:			
City:	**County:**	**State:**	**Zip:**
Home Phone:		**Home E-mail:**	
Work Address:			
City:	**County:**	**State:**	**Zip:**
Work Phone:	**Work Fax:**	**Work E-mail:**	

DENTAL HYGIENE EDUCATION

Institution	City, State, Country	From (Mo/Yr)	To (Mo/Yr)
Year 1			
Year 2			
Year 3			
Year 4			
Degree Received:	**Date of Degree:**		

For office use only:	**License #**	**Date Issued:**	**Fees (App/Fprint):**

Name of Applicant: _____

POST-GRADUATE DENTAL HYGIENE TRAINING

Institution:	**Specialty:**	**From (Mo/Yr):**	**To (Mo/Yr):**
Address:	**City:**	**State:**	

CHRONOLOGY OF ACTIVITIES

Provide a chronological listing of all dental hygiene and non-dental hygiene activities from the date of your graduation from dental hygiene school to the present date, with no more than a three (3) month gap in time. Include months, years, location (city & state), and type of practice. Attach additional sheets of paper, if necessary, labeled with your name and signed by you.

Activity & Location	**From (Mo/Yr):**	**To (Mo/Yr):**

LICENSE INFORMATION

List all state/countries in which you are or have ever been licensed. Please note: you will be required to request written certifications of all licenses.

State/Country	**License No.**	**Date Issued**	**License Type (e.g. Resident, Faculty, Permanent)**	**How Obtained (e.g. Credentials, Exam)**

Name of Applicant: _____

PERSONAL & CONFIDENTIAL DATA

Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.		
Social Security Number:	**Gender:** ☐ Male ☐ Female	**U.S. citizen:** ☐ Yes ☐ No
If no, visa type or alien registration number: ☐ Student Visa ☐ Work Visa ☐ Alien Registration **Provide visa or alien registration number:**	**If visa, provide expiration date of current visa:**	

Date of birth:	**City of Birth:**	**State of birth:**	**Country of birth:**

EXAMINATION INFORMATION

List all national, regional, or state licensure exams you have taken. Include the date and indicate if you passed or failed. Add additional sheets if necessary.

1.	**Date:**	☐ **Pass** ☐ **Fail**
2.	**Date:**	☐ **Pass** ☐ **Fail**

DEFINITIONS

Important! Read these definitions before completing the following questions.

"Ability to practice dental hygiene with reasonable skill and safety" means ALL of the following:

1. The cognitive capacity to make reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental hygiene examinations and dental hygiene procedures.

"Medical condition" means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

"Chemical substances" means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.

"Improper use of drugs or other chemical substances" means ANY of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

"Illegal use of drugs or other chemical substances" means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

Name of Applicant: _____

PERSONAL & CONFIDENTIAL DATA

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO QUESTIONS 1 THROUGH 18, YOU MUST PROVIDE A SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

Yes ☐	**No** ☐	1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dental hygiene with reasonable skill and safety?
Yes ☐	**No** ☐	2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances?
Yes ☐	**No** ☐	3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dental hygiene with reasonable skill and safety?
Yes ☐	**No** ☐	4. If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?
Yes ☐	**No** ☐	5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have chosen to practice dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances?

If you answered yes to any of the questions above, please provide a statement below providing the details as requested in the instructions above. Please add a separate sheet of paper if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ **Date** _____

Name of Applicant: _____

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO QUESTIONS 1 THROUGH 18, YOU MUST PROVIDE A SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**		
Yes ☐	**No** ☐	6. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?
Yes ☐	**No** ☐	7. Have you ever been terminated or requested to withdraw from any dental hygiene school or training program?
Yes ☐	**No** ☐	8. Have you ever been requested to repeat a portion of any professional training program/school?
Yes ☐	**No** ☐	9. Have you ever received a warning, reprimand, or been placed on probation during a professional training program/school?
Yes ☐	**No** ☐	10. Have you ever been denied a license to practice dental hygiene?
Yes ☐	**No** ☐	11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency?
Yes ☐	**No** ☐	11a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered?
Yes ☐	**No** ☐	12. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?
Yes ☐	**No** ☐	13. Are any malpractice claims or complaints in process/pending against you?
Yes ☐	**No** ☐	14. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dental hygiene?
Yes ☐	**No** ☐	15. Are charges or an investigation currently pending relative to your dental hygiene license in any other state?
Yes ☐	**No** ☐	16. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?
Yes ☐	**No** ☐	17. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the United States or other nation?
Yes ☐	**No** ☐	18. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?
Yes ☐	**No** ☐	**19. Do you understand that if a license is granted by this board, it will be based in part on the truth of the statements contained herein, which, if false, may subject you to criminal prosecution and revocation of the license?**

Name of Applicant: _____

AFFIDAVIT OF APPLICANT

IN THE STATE OF _____, COUNTY OF _____

I, _____, hereby declare under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also declare that I am the lawful holder of the enclosed diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I further state that I have read the statutes and rules pertaining to the practice of dental hygiene as prescribed in Iowa Code chapters 147, 153, and 272C and 650 Iowa Administrative Code. If a license to practice dental hygiene is issued to me, I understand that if I violate any laws or rules, my license may be revoked as provided by law.

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare under penalty of perjury that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dental hygiene in the state of Iowa.

Signature of Applicant _____

Sworn to before me this ____ day of _____ , _____

Signature of Notary Public _____

NOTARY SEAL:

ATTACH CURRENT PHOTOGRAPH HERE

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

I have read and fully understand the contents of this "Authorization to Release Information."

_____ _____

Signature of Applicant **Date**

PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6)"b"2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

CERTIFICATION OF EDUCATION

As part of the license application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental or dental hygiene education complete this form. The completed form must be mailed directly from the school to the **IOWA DENTAL BOARD.** Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name: _____ **Date of Birth or Last 4 of SSN: _____**

Signature: _____ **Date: _____**

****

This portion of the form should be completed by the school.

IT IS HEREBY CERTIFIED THAT _____
(Name of Applicant)

RECEIVED DENTAL EDUCATION AT_____
(Name of School)

LOCATED AT_____
(Full Address of School)

FROM _____ TO _____
(Month/Year) (Month/Year)

GRANTED A DIPLOMA WITH THE DEGREE OF_____

DATE DIPLOMA RECEIVED _____
(Month/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? **Yes** _____ **No** _____

Did the student ever receive a warning, reprimand? **Yes** _____ **No** _____

Was the student placed on probation or disciplined? **Yes** _____ **No** _____

If yes, please provide details concerning the action taken.

President, Dean, Secretary, or Registrar:

Print Name_____ **Title_____**

Signature_____ **Date_____**

Phone #_____ **Fax #_____**

SCHOOL SEAL

Return Completed Form to:
IOWA DENTAL BOARD
400 S.W. 8th St, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157

CERTIFICATION OF LICENSURE

As part of the license application process, the Iowa Dental Board requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the **IOWA DENTAL BOARD.** Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name: _____ **License #: _____**

Signature: _____ **Date: _____**

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This portion of the form should be completed by the state licensing board.

IT IS HEREBY CERTIFIED THAT _____
(Name of Applicant)

WAS GRANTED LICENSE NUMBER _____ DATE ISSUED _____

TO PRACTICE _____ IN THE STATE OF _____

DATE OF EXPIRATION _____ LICENSE STATUS _____

BASIS FOR LICENSURE:

☐ **NATIONAL BOARD EXAM**
☐ **LICENSURE BY CREDENTIALS**
☐ **STATE BOARD PREPARED WRITTEN AND/OR PRACTICAL EXAM**
☐ **REGIONAL CLINICAL EXAM, NAME OF TESTING AGENCY_____**

☐ **SCORES ARE RECORDED AS FOLLOWS:**

SUBJECT	PERCENT	SUBJECT	PERCENT
_____		_____	
_____		_____	
_____		_____	

☐ Scores are no longer available, however, I certify that it is apparent the applicant received a score sufficient to meet the licensure requirements of this state at that time; and these requirements were substantially equivalent to the requirements for licensure in Iowa.

☐ **YES** ☐ **NO** **Disciplinary action ever been initiated, pending, or taken?**

Print Name _____ **Title_____**

Signature _____ **Date_____**

Phone # _____ **Fax #_____**

STATE OR BOARD SEAL

Return Completed Form to:
IOWA DENTAL BOARD
400 S.W. 8th St, Suite D
Des Moines, IA 50309-4687
Phone (515) 281-5157